



CITY OF HAMPTON EDUCATIONAL ASSISTANCE APPLICATION FORM

INSTRUCTIONS

Employee must complete this form and submit it to the Department of Human Resources two (2) weeks prior to the start of the course. Evidence of official course grade(s) and itemized receipt of eligible fees paid listing course name, credits and tuition per credit are due to the Department of Human Resources within thirty (30) days of course completion.

Employee Name:	Date of Hire:	Phone Number:
Department:	Title: PPT/PFT (Circle One)	
Most Recent Performance Evaluation Rating:		Most Recent Performance Evaluation Date:
Academic Institution:		
Session Start Date:		Session End Date:
Please list all forms and amounts of tuition assistance you have received or are eligible to receive to pay for the completed courses (include all grants, scholarships, GI Bill, etc.) in the boxes provided below.		
Name of Other Assistance:		Amount of Other Assistance:

COURSE /SKILL DEVELOPMENT/PROFESSIONAL CERTIFICATION INFORMATION

Course No.	Course Title	Course Fee	Associate, Undergraduate, Graduate or Skills Development

APPROVAL SIGNATURES

The information above is true and correct to the best of my knowledge. I certify I have received a copy of the Employee Educational Assistance Program Personnel Administrative Instruction and I will comply with all requirements. I understand educational assistance shall be approved based on eligibility and the availability of funds on a first come, first serve basis.

Employee:	Date:
Supervisor or Department Head:	Date:
Human Resources Director:	Date:

HUMAN RESOURCES USE ONLY

Course(s) Approved for Payment:			
Course(s) Denied for payment:			
		\$	\$
HR Representative	Date	Amount paid to date for employee	Amount to Pay